

Case Number:	CM15-0207921		
Date Assigned:	10/26/2015	Date of Injury:	06/25/2013
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female who sustained an industrial injury on 6-25-2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral lumbar radiculopathy, anxiety and depression, chronic cervicgia with intermittent cervical radiculopathy, possible early cervical myelopathy and L4-5 recurrent disc herniation. According to the progress report dated 8-25-2015, the injured worker reported new onset of tingling in the left foot and ankle. She reported numbness in the left big toe and occasionally in the right big toe. She complained of neck pain radiating into the bilateral trapezius and posterior shoulders. She complained of low back pain extending into the buttocks bilaterally with radiation down the posterior thighs into the calves, with numbness in the plantar aspect of the feet. Objective findings (8-25-2015) revealed tenderness to palpation over the lumbosacral region and over the sacroiliac joints. There was increased pain with right lateral bending. Treatment has included acupuncture, physical therapy (6 sessions for the lumbar spine), chiropractic treatment (4 sessions for lumbar spine) and medications (Flexeril and Hydrocodone). The request for authorization was dated 8-25-2015. The original Utilization Review (UR) (9-23-2015) denied a request for electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The claimant sustained a work injury in June 2013 while working as a [REDACTED]. She has a history of lumbar spine surgery in 1998. Electrodiagnostic testing was done in March 2014 which was negative. In June 2015 complaints included low back pain radiating to the lower extremities. Medications were decreasing pain to 4/10. Physical examination findings included decreased left lower extremity dermatomal sensation at L5 and decreased left first toe extension strength at 4/5. When seen, there had been minimal relief after six sessions of physical therapy and she had also received six sessions of acupuncture. She had completed four chiropractic treatments. MRI scans of the cervical and lumbar spine were reviewed. An MRI of the lumbar spine in May 2015 had included post-operative findings of a prior left L4/5 hemilaminotomy with moderate to severe disc degeneration and a left greater than right posterior disc protrusion resulting in mild bilateral foraminal stenosis. Over the past several weeks she had noted the new onset of left foot and ankle tingling with numbness of the left first and occasional numbness of the right first toe. Medications were decreasing pain to 2-3/10. Physical examination findings included lumbosacral and bilateral sacroiliac joint tenderness. There was increased pain with right lateral bending. First toe extension strength was now decreased bilaterally and graded at 4/5. Authorization for bilateral lower extremity electrodiagnostic testing was requested. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy after one-month of conservative therapy. In this case, the claimant's new symptoms had been present for only a few weeks. Prior NCS testing had been negative for peripheral nerve entrapment. If possible new radiculopathy was to be evaluated, optimal timing of testing would require a longer period since symptom onset and new findings of weakness were present on the right side only. Bilateral lower extremity electrodiagnostic testing was not medically necessary.